FILED

JUN -5 PM 12: 23 98

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Department of State Division of Corporations P. O. Box 6327

Tallahassee, FL 32314 (Proposed corporate name - must include suffix) 600002549086----06/05/98--01079--001 ****262.50 ****131.25 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$131.25 \$122.50 \$78.75 \$70.00 Filing Fee, Filing Fee Filing Fee Filing Fee Certified Copy & Certified Copy & Certificate & Certificate ADDITIONAL COPY REQUIRED SOM Name (Printed or typed) Daytime Telephone number 98 JUN -5 PM IS: 09

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

FILED 3 JUN -5 PM 12: 23

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE	T	NAME
		7 17 77 77

The name of the corporation shall be:

SOMMER COMMUNICATIONS TEX,
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
2493 FIRST STREET
FT. PRIEAR, FC. 3390/
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
10,000
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
WADE E. SOMMER
AFTICLE V INCORPORATOR FT. MYEAR FC. 3590
ARTICLE V INCORPORATOR TO PROPERTY OF THE PROP
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
WASE E, SORMELL
2442 TIRRY STREET
Jule 9 Sanger 6/6/28
Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date